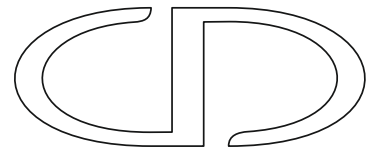


# NHS Referral Form

260 Barnsley Road | Cudworth | Barnsley | S72 8SU

Reception: 01226 710380 | Fax: 01226 710380 | Practice Manager: 01226 716288

Email: reception@cudworthdental.co.uk | Web: www.cudworthdental.co.uk



**Cudworth Dental**  
family dentistry & sedation centre

## patient details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel: Home: \_\_\_\_\_ Work/Mobile: \_\_\_\_\_

## referring dentists details

Date of Referral: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

## referral details

This patient is being referred for:

Extractions


Conservation


This service is available for NHS patients who either live in the Barnsley area,  
or are referred by a dentist in the Barnsley area.

Please summarise the patient's symptoms and the specific problem which prevents you from treating this patient.

Example: Needle phobia, gag reflex, failure of local anaesthetic etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## medical history details

Please identify any medical conditions which your patient suffers from: (please use the box to your right to give relevant details).

- Rheumatic fever
- Any heart complaint (including heart murmur)
- Diabetes
- Epilepsy
- Chronic asthma / bronchitis
- Hepatitis
- Excessive bleeding
- Any allergies
- Current medications
- Currently pregnant
- Any operations in the last 2 years
- Any joint replacements
- Any other illness \_\_\_\_\_

Digi Print: 01226 763449 (04288)

**Thank You For Referring This Patient.**

Providing NHS Dentistry

